

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on January 5, 2004.

I. DISPUTE

Whether there should be reimbursement for CPT code 64450 rendered on 9/18/03.

II. RATIONALE

Review of the requestor's position statement on the "Table of Disputed Services" states, "Medicare pays on procedure code, we feel since w/c is following MCR guidelines procedure should be paid."

Review of the respondent's position statement dated January 22, 2004 states, "We have reviewed the submitted documentation and feel that our original review was appropriate. 64450-58 was denied as part of the comprehensive code 03182 per the Correct Coding Initiative (CCI) Edits. Please refer to the CCI Edits for proper coding to be reimbursed for this service."

Review of the carriers EOB with a post date of 10/28/03 revealed that the requestor billed for CPT codes 01382-AA, 93010, 94770-26, 94760 and 64450-58 rendered on 9/18/03 with reimbursement of CPT code 01382-AA. The carrier denied the disputed charge of 64450-58 as "F-435-The value of the procedure is included in the value of the comprehensive procedure."

According to the TWCC Advisory 2003-13, The Commission has adopted CMS payment policies in §134.202, Medical Fee Guideline (MFG);. Therefore, the disputed charge will be reviewed according to the TWCC Rule 134.202.

According to the Medicare Fee Guidelines, Correct Coding Initiative (CCI) edits, CPT code 64450-58 is not global to CPT code 01382-AA. Therefore, reimbursement is recommended according to the Medicare Fee Schedule in the amount of \$61.54 multiplied at 125% equals \$76.93.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 64450-58 in the amount of **\$76.93**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$76.93** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 5th day of April 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

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